



Vermont Health Benefit Exchange

Green Mountain Care Board Votes on Department of Vermont Health Access (DVHA) Recommendations

Background

Per the passage of the Affordable Care Act (ACA), every state must establish an online health insurance exchange where residents can find, compare, and select a health insurance plan that fits their needs. Vermont's exchange is called Vermont Health Connect.

Under federal law, Vermont Health Connect must guarantee a standard Essential Health Benefits package across all plans, and it will be up to the consumer to determine which plan's cost-structure works best for their budget. In August 2012, in accordance with Act 48, DVHA made recommendations to the Green Mountain Care Board (GMCB) pertaining to the Vermont Health Connect Essential Health Benefits package, standards for plan designs and parameters for developing "choice" plan designs, and pediatric vision and dental coverage.

At the request of the GMCB, DVHA also assessed the cost of providing four different adult dental coverage options as an additional, state-funded benefit. DVHA did not provide recommendations on the provision of adult dental.

GMCB Approves DVHA Recommendations

In 2011, the Vermont Legislature outlined the GMCB's responsibilities related to health reform, which include the approval of plans for health insurance benefits in Vermont's exchange. Minor modifications to approved plans may be approved by DVHA's Commissioner if necessary to comply with federal law. The GMCB approved the following recommendations:

Essential Health Benefits, standard benchmark plan

- Based on an assessment of DVHA's recommendations and input from stakeholders across the state, the GMCB approved the Blue Cross Blue Shield (BCBSVT) package as the benchmark plan. This will mean the least amount of change – 77 percent of Exchange-eligible Vermonters currently have a BCBSVT product.

Pediatric Vision and Dental Coverage

- The GMCB also accepted DVHA's recommendations on pediatric vision and dental coverage, making CHIP the benchmark plan for pediatric oral and FEDVIP the benchmark plan for pediatric vision. The services covered by CHIP are comprehensive and currently used by many Vermont families. FEDVIP surpasses many plans by not only covering services, but also covering materials (e.g. glasses).



Plan Designs

- The GMCB accepted DHVA's proposed hybrid approach to the development of exchange plan designs. Based on this approach, each participating carrier will offer six state-specified "standard" plan designs through Vermont Health Connect. State-specified plans will be offered at all metal tier levels—bronze, silver, gold and platinum, defined by the ACA. Carriers will also have the option of crafting and offering innovative "choice" plans within set parameters at the bronze, silver and gold metal tier levels. These plan designs will offer a range of different choices among the metal levels, prioritize low cost-sharing for primary care services and generic drugs, and allow portability—giving individuals consistent coverage options regardless of their employment situation.

Adult Dental Coverage

- The GMCB considered the four dental options assessed by DVHA, and using substantive input from external stakeholders, voted not to mandate inclusion of adult dental coverage through the Exchange at this time.

What this Means for Vermonters

In 2014 and 2015, individuals who enroll through Vermont Health Connect will be assured that all of their plan options will offer, at a minimum, the standard set of Essential Health Benefits. These benefits include comprehensive dental and vision coverage for Vermont children.

Also, Vermonters will be able to choose a plan that's right for them, based on an apples-to-apples comparison, because of the established plan design parameters and limited number of plans. The plan design specificity will make plans easier to compare, giving consumers meaningful choice.

Vermont consumers will benefit from the offering of innovative "choice" plan options that meet GMCB approved criteria. The flexibility provided for in the "choice" plan designs allows carriers to use their experience to design cost sharing structures, networks, and wellness programs that make sense for Vermonters.

Going Forward

In November 2012, DVHA will release a request for proposals (RFP) from carriers for Qualified Health Plans (i.e., plan designs to be offered on the exchange). Carriers will then have the opportunity to submit plan designs and associated cost structures for DVHA's review. Once approved, these Qualified Health Plans will be available through Vermont Health Connect beginning with open enrollment in October, 2013, and when plans go into effect on January 1, 2014.